
State of Washington

Behavioral Risk Factor Surveillance System Questionnaire 1991

Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Adult and Community Health
Behavioral Surveillance Branch

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Washington State Department of Health
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1. Enter respondents sex
- | | |
|--------|---|
| Male | 1 |
| Female | 2 |
2. First, I'd like to begin by asking you about using seat belts. How often do you use seat belts when you drive a car or ride in a car; would you say ... READ 1-5:

Always	1
Nearly always	2
Sometimes	3
Seldom	4
Or never	5

Don't know/Not sure	7
Never drive/Ride in a car	8
Refused	9

3. These next questions are about hypertension or high blood pressure. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? READ 1-5.

Within the past 6 months	1
Within the past year	2
Within the past two years	3
Within the past five years	4
Or more than five years ago	5

Don't know/Not sure	7
Never	8
Refused	9

4. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? PROBE FOR DOCTOR, NURSE, OR OTHER HEALTH PROFESSIONAL.

SKIP TO Q.7 ←-----	No	1	
	Yes, by doctor	2	
	Yes, by nurse	3	
	Yes, by other health professional	4	
SKIP TO Q.7 ←-----	Don't know/Not sure	5	(7)
	Refused	6	(9)

5. Have you been told on more than occasion that your blood pressure was high, or have been told this only once?

More than once	1	
Only once	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

6. Is any medicine currently prescribed for your high blood pressure?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

7. The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

During the past month, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?

CONTINUE WITH Q.8 ←-----	Yes	1	
	No	2	
SKIP TO Q.19 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

8. What type of physical activity or exercise did you spend the most time doing during the past month?

Code from list. (see TECHDOC\CODELIST\ PHYSACT.DOC)	Aerobics	1	(01)
	Baseball/Softball	2	(41)
	Bicycle machine	3	(55)
	Dancing	4	(12)
	Gardening, wood chopping, yardwork	5	(14)
	Hiking	6	(18)
	Hunting	7	(21)
	Jogging	8	(22)
	Rowing machine	9	(56)
	Running	A	(30)
	Skiing, snow	B	(39)
	Skiing, water	C	(52)
	Swimming	D	(46)
	Walking	E	(51)
	Other (Specify:)		

	F	
SKIP TO Q.13 ←-----	Refused	G (99)

IF ANSWERS TO Q.8 IS RUNNING, JOGGING, WALKING, OR SWIMMING
ASK Q.9, ALL OTHERS SKIP TO Q. 10.

9. How far do you usually (walk)/ (run)/ (jog)/(swim)? SHOW IN MILES AND TENTHS IF POSSIBLE, EXAMPLE - 1 AND 1/10 MILE = 011, 1 AND ½ MILE = 015. IF UNSURE, RECORD AS GIVEN.

Miles and tenths	— — . —
Don't know/Not sure	777
Refused	999

10. How many times per week or per month did you take part in this activity?

Don't know/Not Sure	_____	777
Refused		999

11.	Per week	1
	Per month	2

12. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
EXAMPLE: 1 HOUR 20 MINUTES = 120, 4 HOURS 45 MINUTES = 445, 6 HOURS 5 MINUTES = 605, 20 MINUTES = 020.

	hrs.	_____	min.	_____
Don't know/Not Sure				777
Refused				999

13. Was there another physical activity or exercise that you participated in during the last month?

ASK Q.14 ←-----	Yes	1	
	No	2	
SKIP TO Q.19 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

14. What other type of physical activity gave you the next most exercise?

Code from list. (See TECHDOC\CODELIST\ PHYSACT.DOC)	Aerobics	1	(01)	
	Baseball/Softball	2	(41)	
	Bicycle machine	3	(55)	
	Dancing	4	(12)	
	Gardening, wood chopping, yardwork	5	(14)	
	Hiking	6	(18)	
	Hunting	7	(21)	
	Jogging	8	(22)	
	Rowing machine	9	(56)	
	Running	A	(30)	
	Skiing, snow	B	(39)	
	Skiing, water	C	(52)	
	Swimming	D	(46)	
	Walking	E	(51)	
	Other (Specify:)			
		F		
	SKIP TO Q.19 ←-----	Refused	G	(99)

IF ANSWER TO Q.14 IS RUNNING, JOGGING, WALKING, OR SWIMMING ASK Q.15, ALL OTHERS SKIP TO Q. 16.

15. How far did you usually (walk)/ (run)/ (jog)/(swim)? SHOW IN MILES AND TENTHS IF POSSIBLE, EXAMPLE - 1 AND 1/10 MILE = 011, 1 AND ½ MILE = 015. IF UNSURE, RECORD AS GIVEN.

Miles and tenths	— — . —
Don't know/Not sure	777
Refused	999

16. How many times per week or per month did you take part in this activity?

Don't know/Not Sure	777
Refused	999

- 17.
- | | |
|-----------|---|
| Per week | 1 |
| Per month | 2 |

18. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
EXAMPLE: 1 HOUR 20 MINUTES = 120, 4 HOURS 45 MINUTES = 445, 6 HOURS 5 MINUTES = 605, 20 MINUTES = 020.

hrs. — min.	
Don't know/Not Sure	777
Refused	999

19. The next few questions are about efforts to lose weight . Are you now trying to lose weight?

Yes	1
SKIP TO Q. 22 ←----- No	2
Refused	3 (9)

20. Are you eating fewer calories to lose weight?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

21. Have you increased your physical activity to lose weight?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

22. Now I would like to ask you a few questions about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?

NOTE: 100 CIGARETTES = 5 PACKS

SKIP TO Q.28 ←-----	Yes	1	
	No	2	
	Don't know/Not sure	3	(7)
	Refused	4	(9)

23. About how old were you when you first started smoking cigarettes fairly regularly? SHOW IN YEARS.

(YEARS:) _____
Don't know/Not Sure 77
Refused 99

24. Do you smoke cigarettes now?

ASK Q.25. ←-----	Yes	1	
SKIP TO Q.27 ←-----	No	2	
SKIP TO Q.28 ←-----	Refused	3	(a)

25. On the average, about how many cigarettes a day do you now smoke? RECORD # OF CIGARETTES BELOW

NOTE: 1 PACK = 20 CIGARETTES

(# OF CIGARETTES:) _____
Don't smoke regularly 88
Refused 99

26. During the past 12 months, have you quit smoking for one day or longer?

Yes	1	
No	2	
Refused	3	(9)

SKIP TO Q.28

27. About how long has it been since you last smoked cigarettes regularly? Was it...
READ 1-6

Less than one month	1
One month to less than 3 months	2
Three months to less than 6 months	3
Six months to less than one year	4
One year to less than 5 years	5
Five years or more	6

Don't know/Not sure	7
Refused	8 (9)

28. These next few questions are about the use of beer, wine, wine coolers, cocktails, and liquor, such as vodka, gin, rum, or whiskey - - all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

Have you had any beer, wine, wine coolers, cocktails, or liquor during the past month, that is, since _____?
(DATE)

SKIP TO Q.34 ←-----	Yes	1
	No	2
	Refused	3 (9)

29. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? EXAMPLE: 2 DAYS/WEEK = 2W, 4 DAYS MONTHS = 4M.

SKIP TO Q.32 ←-----	Don't know/Not Sure	777
	Refused	999

30. Days per week 1
Days per month 2

31. A drink is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor. On the when you drank, about how many drinks did you drink, on the average?

	_____ drinks
Don't know/Not Sure	77
Refused	99

32. Considering all types of alcoholic beverages, that is, beer, wine, wine coolers, cocktails, and liquor, as drinks, how many times during the past month did you have five or more drinks on an occasion?
RECORD BELOW.

	_____ times
None	88
Don't know/Not Sure	77
Refused	99

33. And during the past month, how many times have you driven when you've have perhaps had too much too drink? RECORD BELOW.

	_____ times
None	88
Don't know/Not Sure	77
Refused	99

34. Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine checkup; was it...
READ 1-4:

Within the past year	1
Within the past 2 years	2
Within the past 5 years	3
Or more than 5 years ago	4

Don't know/Not sure	7
Never	8
Refused	9

35. These next questions are about blood cholesterol, which is a fatty substance found in the blood.
Have you ever had your blood cholesterol checked?

ASK Q.36 ←-----	Yes	1	
	No	2	
SKIP TO Q.40 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

36. About how long has it been since you last had your blood cholesterol checked; would you say it was ...
READ 1-4:

Within the past year	1
Within the past 2 years	2
Within the past 5 years	3
Or more than 5 years ago	4

Don't know/Not sure	5 (7)
Refused	6 (9)

37. Have you ever been told your blood cholesterol level, in numbers?

ASK Q.38 ←-----	Yes	1
	No	2
SKIP TO Q.40 ←-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

38. What is your blood cholesterol level? MUST BE THREE DIGIT NUMBER.

Don't know/Not sure	_____	777
Refused		999

39. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

40. Next, I'd like to ask you about diabetes, some times called "sugar diabetes." Have you ever been told by a doctor that you have diabetes?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

41. Now I would like to ask you about injuries you may have as a result of accidents or violence. Have you suffered any injury which required medical treatment such as a visit to the doctor, clinic or hospital in the past 12 months?

Yes	1	
No	2	
SKIP TO Q.44 ← ----- Don't know/Not sure	3	(7)
Refused	4	(9)

42. If you have suffered several injuries, these next questions are about your most recent one. Where did you receive treatment for this injury? Was it ... READ 1-3:

In a doctor's office, clinic or first aid station	1	
In a hospital emergency room	2	
Or as an admitted patient to a hospital	3	

Other (Specify:)		
_____	4	
Don't know/Not sure	5	(7)
Refused	6	(9)

43. Did you miss a day of work or restrict your normal activities for at least one day because of this most recent injury?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

44. These next questions are about health care plans which include health insurance, pre-paid plans such as HMO's (Health Maintenance Organizations), or government plans as Medicare. Do you have any kind of health care plan?

	Yes	1	
	No	2	
SKIP To Q.48 ←	Don't know/Not sure	3	(7)
	Refused	4	(9)

45. For hospital bills, does your health care plan cover all, most, some or none of your expenses?

All	1	
Most	2	
Some	3	
None	4	
Don't know/Not sure	5	(7)
Refused	6	(9)

46. For visits to a doctor's office when you are sick, does your health care plan cover all, most, some or none of your expenses?

All	1	
Most	2	
Some	3	
None	4	
Don't know/Not sure	5	(7)
Refused	6	(9)

47. When you are not sick, does your health care plan cover all, most, some, or none of your checkups or other preventative services?

All	1	
Most	2	
Some	3	
None	4	
Don't know/not sure	5	(7)
Refused	6	(9)

48. Was there a time during the last 12 months, when you needed to see a doctor but could not due to the cost?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

MEN TO SKIP TO SECTION (Q.67). ASK ALL WOMEN Q.49-66
--

FEMALES ONLY:

49. These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.
Have you ever had a mammogram?

	Yes	1	
SKIP TO Q.53 ←-----	No	2	
SKIP TO Q.60 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

50. About how long has it been since you had your last mammogram; Was it ... READ 1- 4:

ASK Q.51 ←----	Within the past year	1	
	Within the past 2 years	2	
	Within the past 5 years	3	
	Or more than 5 years ago	4	
ASK Q.52 ←-----	Don't know/Not sure	5	(7)
	Refused	6	(9)

51. In what month did you have this mammogram?

January	1	
February	2	
March	3	
April	4	
May	5	
June	6	
July	7	
August	8	
September	9	
October	A	(10)
November	B	(11)
December	C	(12)
Don't know/Not sure	D	(77)
Refused	E	(99)

SKIP TO Q.54

52. What is the most important reason that you did not have a mammogram in the last year? DO NOT READ. RECORD BELOW

53. What is the most important reason that you never had a mammogram ? DO NOT READ. RECORD BELOW

	<u>Q.52</u>	<u>Q.53</u>
Not recommended by doctor/Doctor never said it was needed	1	1
Not needed/Not necessary	2	2
Never heard of a mammogram	3	3
Cost	4	4
No insurance to pay for it	5	5
Other	6	6
Don't know/Not sure	7	7
Refused	8 (9)	8 (9)
	↓	↓

SKIP TO Q.54 SKIP TO Q.56

54. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've all ready had breast cancer?

Routine checkup	1
Breast problem	2
Had breast cancer	3
Don't know/Not sure	4 (7)
Refused	5 (9)

55. Whose idea was it for you to have this last mammogram; was it your idea, your doctor's idea, or someone else's idea? PROBE FOR "MOST INFLUENTIAL." ONE ONLY.

Respondent's idea	1
Doctor's idea	2
Someone else's idea	3
Don't know/Not sure	4 (7)
Refused	5 (9)

56. (DO NOT ASK IF NO IN Q.44) Does your insurance plan cover all or part of mammograms ?

	Yes	1
	No, does not cover	2
	No insurance	3
SKIP TO Q.60 ←-----	Don't know/Not sure	4 (7)
	Refused	5 (9)

57 - (ASK ONLY IF HAD MAMMOGRAM WITHIN PAST TWO YEARS Q.44, CODES.1 AND 2)

59. What type of health insurance plan is that? PROBE FOR OTHER TYPES IF ONLY ONE TYPE IS GIVEN: What other type of health insurance plan do you have that paid for these costs ? UP TO 3 RESPONSES

Private insurance such as Blue Cross/Blue Shield or through an employer or union	1	
HMO insurance such as Group Health or Kaiser	2	
Medicare	3	
Medicaid	4	
Champus/VA/Military	5	
Other (SPECIFY):	6	
Don't know/Not sure	7	
Refused	8	(9)

60. The next questions are about breast physical examination, which is when the breast is felt for lumps by a doctor, or medical assistant.

Have you ever had a breast physical exam by a doctor or a medical assistant ?

ASK Q. 61/62 ←-----	Yes	1	
	No	2	
SKIP TO Q.63 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

61. About how long has it been since your last breast physical exam? Was it... READ 1-4:

Within the past year	1	
Within the past two years	2	
Within the past five years	3	
Or more than five years ago	4	
Don't know/Not sure	5	(7)
Refused	6	(9)

62. Was your last breast physical exam done as part of a routine checkup, because of a breast problem, or because you've already has a breast cancer?

Routine checkup	1	
Breast problem	2	
Had breast cancer	3	
Don't know/Not sure	4	(7)
Refused	5	(9)

63. These next questions are about Pap smears, which test for cancer of the cervix or uterus. Have you ever heard of a Pap a smear test ?

	Yes	1	
	No	2	
SKIP TO Q.66 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

64. Have you ever had a Pap smear?

	Yes	1	
	No	2	
SKIP TO Q.66 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

65. When did you last have your Pap smear? READ 1-4:

Within the past year	1	
Within the past two years	2	
Within the past five years	3	
Or more than five years ago	4	

Don't know/Not sure	6	(8)
Refused	7	(9)

66. Have you had a hysterectomy ? (A hysterectomy is an operation to remove the uterus.)

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

MALES & FEMALES:

67. These next few questions are to determine your beliefs and opinions about the national health problem of AIDS. Have you ever heard the AIDS virus called by the name HIV?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

68. To your knowledge, are there drugs available that can lengthen the life of a person infected with the AIDS virus?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

69. Do you think a person infected with the AIDS virus can look and feel well and healthy ?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

Do you think a person can get infected with AIDS or the AIDS virus from....READ 70-71

	<u>Yes</u>	<u>No</u>	<u>Don't know/</u> <u>Not sure</u>	<u>Refused</u>
70. Donating blood	1	2	3 (7)	4 (9)
71. Being cared for by a nurse, doctor, dentist, or other health care worker who has the AIDS virus ?	1	2	3 (7)	4 (9)

72. Do you think a pregnant woman who has the AIDS virus can give it to her baby ?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

73. Do you have a child or children in kindergarten through the eight grade ?

ASK Q.74. ←-----	Yes	1
	No	2
SKIP TO Q.76 ←-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

74. Would you allow your child(ren) to be in the same classroom with a child who is infected with the AIDS virus?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

75. At what grade do you think your child should begin AIDS education in school ? RECORD GRADE LEVEL: (EXAMPLE: 8TH GRADE = 08, SENIOR IN HIGH SCHOOL = 12)

Kindergarten or less	55
Never	88
Don't know/Not sure	77
Refused	99

76. Would you eat in a restaurant where the cook is infected with the AIDS virus ?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

77. Would you be willing to work with a person who is infected with the AIDS virus ?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

78. Where could you go to be tested for the AIDS virus infection ? DO NOT READ.

Private doctor, HMO	1	(01)
Blood bank/Plasma center/Red Cross	2	(02)
Health department	3	(03)
AIDS clinic/AIDS testing site	4	(04)
Hospital, emergency room	5	(05)
Family-planning clinic	6	(06)
STD clinic (Sexually Transmitted Disease)	7	(07)
Community health clinic/ Primary care clinic	8	(08)
Company or industry clinic	9	(09)
Military induction or examination	A	(10)

Other (SPECIFY):

SKIP TO Q.80 ←----- (77)	_____	B	(87)
	No place	C	(88)
	Don't know/Not sure	D	
	Refused	E	(99)

79. Where else could you go ? DO NOT READ

Private doctor, HMO	1	(01)
Blood bank/Plasma center/Red Cross	2	(02)
Health department	3	(03)
AIDS clinic/AIDS testing site	4	(04)
Hospital, emergency room	5	(05)
Family-planning clinic	6	(06)
STD clinic (Sexually Transmitted Disease)	7	(07)
Community health clinic/ Primary care clinic	8	(08)
Company or industry clinic	9	(09)
Military induction or examination	A	(10)

Other (SPECIFY):

_____	B	(87)
No place	C	(88)
Don't know/Not sure	D	(77)
Refused	E	(99)

80. Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think using a condom is in preventing getting the AIDS virus through sexual activity ? READ 1-3:

Very effective	1	
Somewhat effective	2	
Or not at all effective	3	

Don't know how effective	4	
Don't know method	5	
Refused	6	(9)

DEMOGRAPHICS

81. These next few questions ask for a little more information about yourself.

How old were you on your last birthday ? RECORD AGE IN YEARS.

_____ years	
Don't know/Not sure	07
Refused	09

82. What is your race; would you say...READ 1 -5:

White	1	
Black	2	
Asian, Pacific Islander	3	
Aleutian, Eskimo, American Indian	4	
Or some other (SPECIFY):		
_____	5	
Don't know/Not sure	6	(7)
Refused	7	(9)

83. Are you of Hispanic origin, such as Mexican American, Latin American, Puerto Rican, or Cuban?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

84. What is the highest grade or year of school you completed? READ ONLY IF NECESSARY.

8 th grade or less	1	
Some high school	2	
High-school graduate or GED certificate	3	
Some-technical school	4	
Technical-school graduate	5	
Some college	6	
College graduate	7	
Post graduate or professional degree	8	

Refused	9	

85. Are you currently ...READ 1-7:

Employed for wages	1	
Self- Employed	2	
Out of work for more than 1 year	3	
Out of work for less than a 1 year	4	
A homemaker	5	
A student	6	
Or Retired	7	

Refused	8	

86. And are you ... READ 1-6:

Married	1
Divorced	2
Widowed	3
Separated	4
Never married	5
Or a member of an unmarried couple	6

Refused	7 (9)

87. Which of the following categories best describes your annual household income from all sources ...
READ 1-8:

Less than \$10,000	1
\$10 - \$15,000	2
\$15 - \$20,000	3
\$20 - \$25,000	4
 \$25- \$35,000	 5
\$35 - \$50,000	6
Or over \$50,000	7 (8)

Don't know/Not sure	8 (7)
Refused	9 (9)

88. About how much do you weigh without shoes? RECORD BELOW. (Example: 120 POUNDS = 120, 98 POUNDS = 098)

_____ pounds
Don't know/Not Sure 777
Refused 999

89. About how tall are you without shoes? RECORD BELOW. (EXAMPLE: 5'2" = 502, 5'11" = 511)

_____ ft _____ inches
Don't know/Not Sure 777
Refused 999

ASK THIS QUESTION ONLY OF FEMALES BETWEEN 18 AND 45 YEARS OF AGE. ALL OTHERS AND YES IN Q.66, SKIP TO Q.92.

90. To your knowledge, are you pregnant ?

ASK Q. 90 ←-----	Yes	1
	No	2
SKIP TO Q. 91 ←----	Don't know/Not sure	3 (7)
	Refused	4 (9)

91. During what month is your baby due ?

January	1	
February	2	
March	3	
April	4	
May	5	
June	6	
July	7	
August	8	
September	9	
October	A	
November	B	
December	C	
Don't know/Not sure	D	(77)
Refused	E	(99)

92. Are there children under the age of eighteen living in your household?

ASK Q. 93/95 ←-----	Yes	1	
SKIP TO Q. 96 ←-----	No	2	
	Don't know/Refused	3	(9)

93. How many are infants to age five? RECORD. (0 = NONE, 8 = EIGHT OR MORE 9 = REFUSED)

Refused	<u>9</u>
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94. How many age six to twelve ? RECORD. (0 = NONE. 8 = EIGHT OR MORE 9 = REFUSED)

Refused	<u>9</u>
---------	----------

95. How many age thirteen to seventeen? RECORD. (0 = NONE. 8 = EIGHT OR MORE 9 = REFUSED)

Refused	<u>9</u>
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96. How many telephone numbers will reach this household, including the number I used today ?
RECORD BELOW.

NOTE: DIFFERNTIATE BETWEEN TELEPHONE NUMBERS AND TELEPHONE SETS, IF NECESSARY. INCLUDE ALL TELEPHONE NUMBERS THAT CAN REACH HOUSEHOLD.

Total Telephone Numbers	<u> </u>
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97. That's my last question. Let me emphasize that your answers cannot be identified with your name. Everyone's answers will be combined to give us information about the health practices of people in this state.

Thank you for your time and cooperation.

98. RECORD COUNTY FROM CARD:

Adams	001	Grays Harbor	014	Pierce	027
Asotin	002	Island	015	San Juan	028
Benton	003	Jefferson	016	Skagit	029
Chelan	004	King	017	Skamania	030
Clallam	005	Kitsap	018	Snohomish	031
Clark	006	Kittitas	019	Spokane	032
Columbia	007	Klickitat	020	Stevens	033
Cowlitz	008	Lewis	021	Thurston	034
Douglas	009	Lincoln	022	Wahkiakum	035
Ferry	010	Mason	023	Walla Walla	036
Franklin	011	Okanogan	024	Whatcom	037
Garfield	012	Pacific	025	Whitman	038
Grant	013	Pend Oreille	026	Yakima	039

99. (FIPS code set in) Code 53

100. (Stratum code set in) 1 Sample A

106. AREA CODE

- 107-108. PHONE NUMBER (entire number recorded, need to eliminate last two digits)

109. TOTAL HOUSEHOLD MEMBERS

110. TOTAL NUMBER OF MEN

111. TOTAL NUMBER OF WOMEN

112. ID NUMBER

113. DAY OF WEEK

116. RESPONDENT #

117. TIME OF DAY

118. DATE

120. ATTEMPT

- 121.(Record Number set in) Record Number 1

122. (disposition code set in) 01

124. Wind down

Yes	1
No	2